

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I X14023

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23029
Do not use this space.

REC'D JUL 7 1938

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 983
 (c) City..... (d) Street No. Halls Ferry Road St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Peter J. Lucks,
 (a) Residence, No. Halls Ferry Road St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 20, 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	34	5	13	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation retired

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Melville Lucks
Halls Ferry Road

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory, June 6

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math, Hermann & Son
2161 East Fair Avenue

20. FILED JUN 7 1938 St. Louis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY, that I attended deceased from Apr 17 1938, to June 3 1938.
 I last saw him alive on June 3 1938. Death is said to have occurred on the date stated above, at 3:00 A. M.
 The principal cause of death and related causes of importance were as follows:

Uremia
Ch. nephritis
hypertensive
131
 Other contributory causes of importance: several arteriosclerosis
 Date of onset 3 days
green
year

Name of operation..... Date of.....
 What test confirmed diagnosis? Lab. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....

(Signed) Arthur Guendach, M. D.
 (Address) 2201 University St.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed William H. Buchholz

Licensed Embalmer No. 2110 D

P. O. Address St Louis MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.